

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**  
**FUNERAL SERVICE DIRECTOR**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying for initial licensure, complete the following in addition to submitting a completed application:**

1. Submit a copy of your high school diploma, a copy of your GED equivalent, or an official transcript documenting a degree of higher education.

**Note:** If submitting a transcript, it may be the same transcript required in #2 below.

2. Submit official transcripts documenting completion of an associate degree in a mortuary science program accredited by the American Board of Funeral Service Education or other accrediting body recognized by the U.S. Department of Education.

**Note:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

3. Submit an original letter or certification from the Conference of Funeral Service Examining Board documenting your passing score on the funeral service examination.
4. Submit a “Verification of Work Experience as a Licensed Funeral Service Intern” form (attached to this application) documenting a minimum of 2,000 hours and 50 embalmings over a period of not less than one year.
5. Submit a **\$160.00** non-refundable application-processing fee, made payable to “DOPL.”
6. Submit a copy of your Utah Insurance Department license, if you will be selling preneed funeral arrangement to be funded in whole or in part by an insurance policy or product.

**If you have been practicing fulltime as a licensed funeral service director including embalming in another state for 5 of the past 10 years, and are thereby applying for licensure by endorsement, complete the following in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (attached to this application), obtain verification of licensure from a state in which you are currently licensed as a funeral service director which includes embalming.  
  
Request that the verifying state(s) complete the form(s) and mail them directly to DOPL or return them to you for submission with your application.
2. Submit documentation from the Conference of Funeral Service Examination Board documenting your passing score on the Funeral Service Examination.
3. Submit a “Verification of Work Experience as a Licensed Funeral Service Director” form (attached to this application) documenting full time employment as a licensed embalmer or funeral service director, for 5 of the past 10 years immediately preceding the date of this application, which practice must have included embalming.
4. Submit a **\$160.00** non-refundable application-processing fee, made payable to “DOPL.”
5. Submit a copy of your Utah Insurance Department license, if you will be selling preneed funeral arrangement to be funded in whole or in part by an insurance policy or product.

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Funeral Service Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- ❑ Division of Occupational and Professional Licensing Act

- ❑ General Rules of the Division of Occupational and Professional Licensing
  - ❑ Funeral Services Licensing Act
  - ❑ Funeral Services Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
  3. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
  4. **Temporary Licenses:** are not issued.
  5. **Applications requiring board review** will be presented to the board at the next scheduled board meeting.
  6. **Qualified Professional Education:** Funeral Service Directors are required to complete twenty (20) hours of qualified professional education during each two year renewal period as a condition of renewing their license.
  7. **License Renewal:** All funeral service licenses expire May 31 of each even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
10. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (American Express, MasterCard, and Visa) are also accepted in person at DOPL's main office – but not over the telephone.

11. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).

12. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

13. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

14. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

License Applying For: FUNERAL SERVICE DIRECTOR

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my funeral service practice in Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### EDUCATION REQUIREMENT: (Use additional sheets if necessary.)

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ To \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

### LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in any regulated occupation or profession. (Use additional sheets if necessary.)

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**IF YOU ARE APPLYING FOR LICENSURE BY ENDORSEMENT:**

**Professional Employment**

If you are applying for licensure by endorsement, provide a chronological list of your professional employment showing at least 5 of the last 10 years of professional employment.

**OR**

If initial licensure, provide list for 2,000 hours of professional employment. (Use additional sheets if necessary.)

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Dates Employed: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

# **FUNERAL SERVICE QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
11. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

*(Questions continue on following page.)*



12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# UTAH FUNERAL SERVICE LAW EXAMINATION

**Answer each question. Do not leave any questions blank.**

1. \_\_\_\_\_ Replacing body fluids in a dead human body with preserving and disinfecting chemicals is:
  - A) Calcination
  - B) Mummification
  - C) Embalming
  - D) Entombing
  
2. \_\_\_\_\_ After an intern is determined to have sufficient experience, direct supervision is no longer required during the remainder of the internship.
  - A) True
  - B) False
  
3. \_\_\_\_\_ How much time does a provider or sales agent have to deposit cash payments for the purchase of a pre-need funeral arrangement?
  - A) 10 business days
  - B) 10 calendar days
  - C) 7 business days
  - D) 7 calendar days
  
4. \_\_\_\_\_ The number of embalmings required for an intern's completion of the internship before qualification for licensure as a Funeral Director is:
  - A) 20
  - B) 30
  - C) 40
  - D) 50
  
5. \_\_\_\_\_ Any goods or services selected in the preneed contract which are not provided at the time of need, and any earnings accumulated become the property of the sales agent or funeral service director?
  - A) True
  - B) False
  
6. \_\_\_\_\_ Each funeral service establishment shall maintain an annual report of preneed trust funds and insurance?
  - A) True

B) False

7. \_\_\_\_\_ It is the responsibility of the funeral service intern to notify the division of any change in the intern's supervising funeral service director?

A) True  
B) False

8. \_\_\_\_\_ A funeral service director may supervise more than one intern at any given time?

A) True  
B) False

9. \_\_\_\_\_ A funeral service intern may be denied further licensure if the internship period lasts longer than 4 years?

A) True  
B) False

10. \_\_\_\_\_ Failing to accurately document, report and supervise the activities of a funeral service intern is considered "Unprofessional Conduct"?

A) True  
B) False

11. \_\_\_\_\_ Within each 2 year licensing period, a funeral service director is required to complete 20 hours of continuing education?

A) True  
B) False

12. \_\_\_\_\_ Paying a hospice worker, police officer, nurse or doctor to secure a deceased human remain for disposition is "Unprofessional Conduct"?

A) True  
B) False

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## **VERIFICATION OF WORK EXPERIENCE AS A LICENSED FUNERAL SERVICE INTERN**

### **PART I: TO BE COMPLETED BY APPLICANT**

**Complete Part I and have your supervisor complete Part II.**

Name of Applicant: \_\_\_\_\_

Intern License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **PART II: TO BE COMPLETED BY SUPERVISOR**

**Complete Part II and return it to the applicant for submission with his/her funeral service director application.**

Name of Supervisor: \_\_\_\_\_

Funeral Service Director License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Funeral Service Establishment License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(Continued on the reverse.)*

Inclusive Dates of Supervision: from: \_\_\_\_\_ to: \_\_\_\_\_

Approximate Number of Hours Applicant Worked Per Week: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

Total Number of Embalmings Performed By The Applicant: \_\_\_\_\_

Nature of Applicant's Duties: \_\_\_\_\_

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I do hereby certify that the applicant has completed the internship program for licensure as a funeral service director.

\_\_\_\_\_ Yes

\_\_\_\_\_ No

I further certify that the applicant:

\_\_\_\_\_ is qualified and competent to practice as a licensed funeral service director.

\_\_\_\_\_ is not qualified and competent to practice as a licensed funeral service director.

If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified. (Use additional sheets if necessary.)

I further certify that the information contained in the application is truthful, correct and complete, and discloses all material facts regarding the applicant. I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Signature of Funeral Service Director Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Division of Occupational & Professional Licensing  
160 East 300 South, Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## **VERIFICATION OF WORK EXPERIENCE AS A LICENSED FUNERAL SERVICE DIRECTOR**

### **PART I: TO BE COMPLETED BY APPLICANT**

**Complete Part I of this form for each employer who will be verifying your work experience. If you are applying for licensure by endorsement, provide this form for each employer comprising 5 years during the last 10 years of professional employment.**

Name of Applicant: \_\_\_\_\_

Funeral Service Director License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **PART II: TO BE COMPLETED BY FUNERAL ESTABLISHMENT EMPLOYER**

**Complete Part II and return it to the applicant for submission with his/her application.**

Name of Supervisor: \_\_\_\_\_

Funeral Service Director License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(Continued on the reverse.)*

Funeral Service Establishment License Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Inclusive Dates of Experience: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate Number of Hours Applicant Worked Per Week: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do hereby certify that the applicant has completed the full time experience outlined above as a funeral service director.

\_\_\_\_\_ Yes \_\_\_\_\_ No

I further certify that the applicant:

\_\_\_\_\_ is qualified and competent to practice as a licensed funeral service director.

\_\_\_\_\_ is not qualified and competent to practice as a licensed funeral service director.

If applicant is not qualified, please explain the nature of the problem and recommendation for becoming qualified. (Use additional sheets if necessary.)

I further certify that the information contained in the application is truthful, correct and complete, and discloses all material facts regarding the applicant. I understand that it is unlawful and punishable as a Class A misdemeanor to apply for or obtain a license or to otherwise deal with DOPL through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement or omission.

Authorize Officer of Funeral  
Service Establishment: \_\_\_\_\_

Date: \_\_\_\_\_



Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Does your state Funeral Director License include embalming?

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, From What State \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)